

STANDARD CERTIFICATE OF DEATH

258444

FILED JUL 26 1957

Registration District No. 316 Primary Registration District No. 60-75 State File Number 303-226 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bonne Terre	
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph Lead Co.				Length of stay in lb 20 yrs		d. STREET ADDRESS Rt. # 1	
3. NAME OF DECEASED (Type or print) James Lee EATON				4. DATE OF DEATH Month July Day 2 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 8, 1908	
9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR Months 7 Days 24		11. IF UNDER 24 HRS. Hours 7 Min. 24		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman				10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead			
13. FATHER'S NAME Porter Eaton				14. MOTHER'S MAIDEN NAME Eugenia Mostiller			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 490-03-2767		17. INFORMANT Bonne Terre, Mo. Lillie Horn Eaton (wife) RFD #1	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Concussion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 9122 DUE TO (c) 4 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Large laceration of scalp.							INTERVAL BETWEEN ONSET AND DEATH Immediate
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) While helping get a large rock out of chute					
20c. TIME OF INJURY Hour 9:30 a. m. Month 7 Day 2 Year 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, bldg., etc.) Head mine					
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Bonne Terre		20g. COUNTY St. Francois		20h. STATE Mo.	
21. I attended the deceased from 7-2-57 to 7-5-57 and last saw her alive on 7-5-57 Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Marvin J. Haw, J. M. D.				22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 7-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 6, 1957		23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Rt. 1 Bonne Terre, Mo.	
24. FUNERAL DIRECTOR BOYER FUNERAL HOME Bonne Terre, Mo.				25. DATE RECD. BY LOCAL REG. July 5, 1957		26. REGISTRAR'S SIGNATURE Eather Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Burlin T. Boyer

Licensed Embalmer No. 366

P. O. Address Desloge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.